

**CITY OF FAIRFAX**  
**MECHANICAL / GAS PERMIT APPLICATION**

FIRE DEPARTMENT  
OFFICE OF CODE ADMINISTRATION  
10455 ARMSTRONG ST., ROOM 103  
FAIRFAX, VA 22030  
(703) 385-7830 WEB: www.ci.fairfax.va.us  
FAX (703) 385-9265

PERMIT NO. \_\_\_\_\_  
DATE \_\_\_\_\_  
PERMIT FEE \_\_\_\_\_  
INVOICE NO. \_\_\_\_\_  
CARD MADE \_\_\_\_\_

**RE: BUILDING PERMIT#** \_\_\_\_\_

**I. JOB LOCATION**

ADDRESS \_\_\_\_\_ SUITE# \_\_\_\_\_  
TENANT'S NAME \_\_\_\_\_

**II. NAME OF OWNER** \_\_\_\_\_

ADDRESS \_\_\_\_\_  
ZIP CODE \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

**III. MECHANICAL CONTRACTOR** \_\_\_\_\_

ADDRESS \_\_\_\_\_  
ZIP CODE \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_  
VA CONTRACTOR'S LICENSE # \_\_\_\_\_ EXPIRATION \_\_\_\_\_

Type Building \_\_\_\_\_ Use Group \_\_\_\_\_

Plans and Specs: \_\_\_\_\_ filed with building application or \_\_\_\_\_ attached

Type Equipment	Manufacturer	Model	Number	Rating / Tons / BTU's

**NOTICE: It is prohibited to discharge condensate into the sanitary sewer; Sec 307.2.1-307.2.2**

Estimated Cost of Ductwork \$ \_\_\_\_\_  
Number of Fire Dampers Required \_\_\_\_\_ Gas Line \_\_\_\_\_  
Number of Sub-Ducts Required \_\_\_\_\_ Number of Gas Fixtures \_\_\_\_\_  
Remarks \_\_\_\_\_

I hereby certify that I have the authority to make this application, that information given is correct, and that use, construction and installation shall conform to all applicable laws and regulations enforced by the City of Fairfax.

Owner, Agent or Contractor Signature: \_\_\_\_\_ Date \_\_\_\_\_

Print Contact Name \_\_\_\_\_ Contact Phone/fax \_\_\_\_\_ extension \_\_\_\_\_

Estimated Cost of Work \$ \_\_\_\_\_ Zoning Administration Approval: \_\_\_\_\_